

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 097708883 APPLICANT(S)		FILING DATE 11-07-00			
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					51	✓				
2	✓					52	✓				
3	✓					53	✓				
4	✓					54	✓				
5	✓					55	✓				
6	✓					56	✓				
7	✓					57	✓				
8	✓					58	✓				
9	✓					59	✓				
10	✓					60	✓				
11	✓					61					
12	✓					62					
13	✓					63					
14	✓					64					
15	✓					65					
16	✓					66					
17	✓					67					
18	✓					68					
19	✓					69					
20	✓					70					
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32	✓					82					
33	✓					83					
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36	✓					86					
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43	✓					93					
44	✓					94					
45	✓					95					
46	✓					96					
47	✓					97					
48	✓					98					
49	✓					99					
50	✓					100					
TOTAL IND.	✓					TOTAL IND.	✓				
TOTAL DEP.	✓					TOTAL DEP.	✓				
TOTAL CLAIMS						TOTAL CLAIMS					